Example of MCQs in the Mid-Cycle or Final Examinations

1) A 9-year-old boy presents with a several day history of progressive arm and leg weakness. He has been well except for an upper respiratory infection 2 weeks ago. The patient is alert and oriented. On repeated examination, the heart rate varies between 60 and 140 beats/minute and the blood pressure varies between 90/60 and 140/90 mm Hg. Respirations are shallow with a rate of 50/minute. There is symmetric weakness of the face and all four extremities. Deep tendon reflexes are absent. Sensation is intact. The most likely diagnosis is:

   A. polymyositis
   B. myasthenia gravis
   C. transverse myelitis
   D. Guillain-Barre syndrome
   E. viral encephalitis

2) A 6-week-old child is admitted because of tachypnea. Birth had been uneventful, although conjunctivitis developed on the third day of life and lasted about 2 weeks. Physical examination reveals tachypnea, bilateral inspiratory crackles, and slight expiratory wheezing. Bilateral pneumonia is evident on chest x-ray. The child is afebrile and has no history of fever. White blood cell count is 15,000 with 28% eosinophils. The most likely cause of this child's symptoms is:

   A. Pneumocystis jerovici
   B. Chlamydia trachomatis
   C. Mycoplasma pneumoniae
   D. Visceral larva migrans
   E. Varicella

3) A 4-year-old child manifests symptoms of fever, sore throat, and swollen lymph nodes. Spleen tip is palpable. Throat culture and rapid slide (Monospot) test results are negative. The next logical diagnostic procedure would involve:

   A. repeat throat culture
   B. heterophil titer
   C. Epstein-Barr virus titer
   D. Chest x-ray
   E. Bone marrow examination

4) A 4-year-old child with moderate vesicoureteral reflux who has recurrent urinary tract infections despite adequate antibiotic prophylaxis should have:

   A. IV antibiotic treatment for 2 weeks
   B. Repeat IV pyelogram (IVP)
   C. Renal arteriogram
   D. Antireflux surgery
   E. Addition of vitamin C (ascorbic acid) to the treatment regimen

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